

185

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Yila

BUREAU OF VITAL STATISTICS

State Index No. 126

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 68Town of Miami

Local Registrar's No. _____

or _____

City of _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Frank Cota

{ Born YES

If child is not named, make Supplemental Report on blank obtainable from local registrar.

{ Alive ☒

Sex of child <u>M</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>3</u>	Legitimate? <u>Y</u>	Date of Birth <u>March 2 - 21</u>
					(Month) (Day) (Yr.)

FATHER

Full Name Frank Cota

Residence Miami

Color or Race Mex Age at last Birthday 24 (Years)

Birthplace Arizona

Occupation Procer

MOTHER

Full Maiden Name Victoria Brackmonte

Residence Miami

Color or Race Mex Age at last Birthday 21 (Years)

Birthplace Arizona

Occupation St

Number of Child of this mother <u>3</u>	Number of children of this mother now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on March 2 - 1922, at 10 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Charles E. Irwin M.D.

(Attending physician, midwife, householder.)*

Given or Christian name added from a _____

Address Miami Arizona

Supplemental report _____ 1922

Filed Mar 10 1922B. W. Hardy LOCAL REGISTRAR.631-302-525 COUNTY REGISTRAR.Filed 4/5 A True Copy 1922B. S. L. ax COUNTY REGISTRAR.